

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031391

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1049

FILED SEP 3 1963

VS 300
Rev. 4/59

15117

25117

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94200

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DATE AMENDED
2
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 813 Parker St.		d. STREET ADDRESS (If outside, give location) 718 Hamburg Ave.	
3. NAME OF DECEASED (Type or print) First JAMES Middle OTIS Last GORDON		4. DATE OF DEATH Month August Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/17/1889
9. AGE (last birthday) 73		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	
11. BIRTHPLACE (City and state or country) St. Joseph Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Benjamin Gordon		13b. MOTHER'S MAIDEN NAME Harriett Elizabeth Mann	
14. NAME OF HUSBAND OR WIFE None		Address 718 Hamburg Ave St. Joseph, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates c No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Ruth Kane		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6/12/63 to 8/28/63 and last saw him alive on 8/26/63 Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Clarence W. Leary MD</i>	
22b. ADDRESS SOCIAL WELFARE BOARD 10th & Olive, St. Joseph, Mo.		22c. DATE SIGNED 8/30/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/31/63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		23d. LOCATION (City, town, or county) St. Joseph Missouri	
24. FUNERAL DIRECTOR <i>St. James Funeral Home</i>		25. DATE RECD. BY LOCAL REG. Sept. 3. 1963	
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit used 8-29-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin C. Boyan

Licensed Embalmer No. 4795

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.